

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 379 Primary Registration District No. 4553 Registrar's No. 0017866 STATE FILE NUMBER

VS 300  
Rev. 4/59

1 1140

2 1140

3 2

4 0

5 3

6 0

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9 4201

10 0

11 0

12 1-2

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>APPEL 2460 Wright</u><br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MANSFIELD</u> Length of stay in 1b <u>5 DAYS</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>WRIGHT</u><br>c. CITY OR TOWN <u>HARTVILLE</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>d. STREET ADDRESS (If outside, give location) <u>_____</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print) First <u>Jesse</u> Middle <u>Luther</u> Last <u>DOCKUM</u>   |   | 4. DATE OF DEATH Month <u>MAR.</u> Day <u>30</u> Year <u>1964</u>   |  |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>  | 8. DATE OF BIRTH <u>11-22-1899</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>_____</u>  | 9. AGE (last birthday) <u>66</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. |
| 11a. FATHER'S NAME <u>John S. Dockum</u>   |   | 11b. BIRTHPLACE (City and state or country) <u>Wheeling Mo. U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>John S. Dockum</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Ella Wilson</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |   | 17. INFORMANT Address <u>Maggie Jones Joplin Mo.</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Hyperstatic Pneumonia</u><br>DUE TO (b) <u>Coronary artery disease</u><br>DUE TO (c) <u>_____</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>_____</u><br>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   | INTERVAL BETWEEN ONSET AND DEATH <u>few days</u><br>Months <u>_____</u>   |  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>_____</u>   |  |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>_____</u>   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>_____</u>  |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Mansfield, Missouri</u>  |  |
| 21. I attended the deceased from <u>April 1957</u> to <u>March, 1964</u> and last saw him alive on <u>March 30, 1964</u><br>Death occurred at <u>8:45</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE (Degree or title) <u>Dr. James L. Holmes D.O.</u>   |   | 22b. ADDRESS <u>Mansfield, Missouri</u>   |  |
| 22c. DATE SIGNED <u>4-10-64</u>  |   | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>  |  |
| 23b. DATE <u>4-3-64</u>  |   | 23c. NAME OF CEMETERY OR CREMATORY <u>Jolly Cemetery</u>  |  |
| 23d. LOCATION (City, town, or county) (State) <u>Near Pierce City Mo.</u>  |   | 24. FUNERAL DIRECTOR ADDRESS <u>Max J Miller Mansfield Mo 4-18-64</u>   |  |
| 25. DATE RECD. BY LOCAL REG. <u>4-18-64</u>  |   | 26. REGISTRAR'S SIGNATURE <u>Jim P... ..</u>  |  |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1964

MAY 18 1964

MAY 21 1964

*has permit*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Max L Miller*

Licensed Embalmer No. 4720

P. O. Address Mansfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.